

**STATE OF MICHIGAN**  
**DEPARTMENT OF MILITARY & VETERANS AFFAIRS**

2500 S. WASHINGTON AVENUE, LANSING, MI 48913-5101

MAJOR GENERAL THOMAS G. CUTLER

Director, and The Adjutant General

**Michigan National Guard**  
**State Education Reimbursement Program**  
**Application**

**PLEASE TYPE OR PRINT**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please include middle name)

Home Address: \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip Code)

\_\_\_\_\_  
(COUNTY - THIS FIELD IS MANDATORY)

Rank: \_\_\_\_\_ What is your MOS/AFSC: \_\_\_\_\_

Date of completion for Basic Training: \_\_\_\_\_

Unit of Assignment, Unit Address and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a Michigan Resident?: \_\_\_\_\_

Education Program to Attend:

Voc-Tech/ Technical College \_\_\_\_ Associate \_\_\_\_ Bachelor \_\_\_\_ Graduate \_\_\_\_

Other \_\_\_\_\_

Name of college, university, technical college, vocational/trade school you have been admitted to attend: \_\_\_\_\_

Enrollment status: Part-time student \_\_\_\_\_ Full-time student \_\_\_\_\_

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Applying for reimbursement (INDICATE ACADEMIC YEAR):

Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Classes for which you are applying for reimbursement will begin on: \_\_\_\_\_  
(MM/DD/YYYY)

Have you applied for reimbursement in the past:

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, indicate when \_\_\_\_\_

**Statement:** I certify that the above information is true and correct to the best of my knowledge. I have read the provisions of the Administrative Regulations and Procedures and understand that the awarding of State Education Reimbursement is based on eligibility criteria established therein, and that I must maintain that eligibility as a member of the MIARNG or MIANG. I further understand that I must maintain the academic standards set forth by the Administrative Regulations and Procedures, otherwise I will be ineligible for future State Education Reimbursement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant's Signature**

**Parent or Guardian must complete this section if Applicant is under 18 years of Age**

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Unit Representative's Authorization**

I certify that the applicant is a member in good standing in the Michigan National Guard.

Print Rank and Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Representative's Signature**

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**PLEASE SEND COMPLETED APPLICATION TO:**

**STATE EDUCATION OFFICE  
2500 S. WASHINGTON AVENUE  
LANSING, MI 48913-5101**